



**E-Mail Address for Electronic Transmission of Documents**

Any communication (statement of deficiencies, regulatory insufficiencies, letters, etc.) resulting from this visit will be sent to your facility electronically. Please provide an e-mail address and name of the person authorized to receive the documents. The address should be one that is checked daily to assure the e-mail communication is received, opened, and responded to in a timely manner.

**E-Mail Address:** \_\_\_\_\_

**Authorized Person:** \_\_\_\_\_

**Entity Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Once complete, please return this document to the program or certification coordinator for your facility or program. The form may be faxed to the Health Facilities Division at (515) 242-5022. To send the form by e-mail, please use the following format: [FirstName.LastName@dia.iowa.gov](mailto:FirstName.LastName@dia.iowa.gov). If mailing this form to the Department, send it to the following address:

Iowa Department of Inspections and Appeals  
Health Facilities Division  
Lucas State Office Building  
321 East 12<sup>th</sup> Street  
Des Moines, IA 50319-0083